

W O R K S H E E T

(Office Symbol) (600-8-24)

Date

MEMORANDUM THRU

Commander, US Army Combined Arms Center and Fort
Leavenworth (ATZL-CS), Fort Leavenworth, KS 66027
Headquarters Command S1 (ATZL-HCP), Fort Leavenworth,
KS 66027 (*or appropriate S1*)
Adjutant General, US Army Combined Arms Center and Fort
Leavenworth, Fort Leavenworth, KS 660270-1361

FOR Commander, PERSCOM (TAPC-PDT-R), 200 Stovall Street,
Alexandria, Virginia 22332-0478

SUBJECT: Pre-Retirement Information for - _____

1. The following information is submitted in accordance
with AR 600-8-24, (*Enter table 6-4, 6-5, or 6-6*):

a. Assignment status: (*Enter organization to which
currently assigned and duty station to which attached, if
any*) _____

b. Address on retirement: _____

c. Authorized place of retirement: US Army Transition
Point (W0VP03), Fort Leavenworth, Kansas 66027-1361.

d. Location of choice transfer activity: (*Members
electing to be processed for retirement at a transfer
activity other than one prescribed by AR 635-10, para 2-18a,
enter an appropriate transfer activity as provided by AR
635-10, para 2-19; otherwise enter "Ft Leavenworth, KS."*)

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2. I have been counseled as specified by AR 635-10, paragraph 2-18. I fully understand the provisions of AR 635-10, section v, chapter 2 concerning entitlement to per diem, travel and transportation allowances based on retirement at a location of choice transfer activity.

3. I have read AR 600-8-24, paragraphs 6-6 and 6-7. I am responsible for completing the medical examination for Retirement Statement of option furnished by my unit of assignment, and I am responsible for ensuring that if a physical examination is desired that it is started not earlier than 4 months prior to my approved retirement date or the beginning of my transition leave, whichever is earlier (subject physical to be arranged through coordination with my unit of assignment). I am aware that the purpose of this examination is to ensure that my medical records reflect as accurately as possible my state of health on retirement and to protect interests and those of the Government. I also understand that my retirement will take effect on the scheduled date and that I will not be held on active duty to complete this examination.

4. In accordance with title 10 United States Code, I understand that:

a. Enrollment in the Survivors Benefits Plan (SBP) is the only way that I may continue a portion of my retirement pay to my family at my death.

b. I must receive SBP counseling for myself and my spouse no less than 30 calendar days before retirement.

c. I will be enrolled in full SBP coverage if I fail to elect otherwise in writing before retirement.

d. I cannot elect less than full spouse SBP without my spouse's written agreement. I received a spousal concurrence for this purposes in conjunction with this letter. I realize there are other forms that must be completed during SBP counseling

e. Failure to return the completed spousal

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concurrence statement to the proper officials prior to my retirement packet being sent to the Defense Finance Accounting Service will result in my being irrevocably enrolled in SBP at full cost.

5. My current duty telephone numbers are as follows:
DSN: Commercial:

6. A fax machine is available at the following:
DSN: Commercial:

NAME _____
RANK/BR _____
SSN _____